

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 91409 018 ***150.00

0137598 AV

DOCUMENT # P98000013033

1. Entity Name
SPI PRODUCTS, INC.

Principal Place of Business
5854 MIAMI LAKES DR E
MIAMI LAKES FL 33014

Mailing Address
5854 MIAMI LAKES DR E
MIAMI LAKES FL 33014



2. Principal Place of Business
5870 MIAMI LAKES DRE

3. Mailing Address
5870 MIAMI LAKES DRE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI LAKES FL

City & State
MIAMI LAKES FL

4. FEI Number
65-0823759

Applied For

Not Applicable

Zip
33014

Country
USA

Zip
33014

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

GORFINKEL, NESTOR B ESQ.
1111 KANE CONCOURSE, #401
BAY HARBOR ISLANDS FL 33154

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME	P DICKSTEIN, GABRIEL	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	5854 MIAMI LAKES DR MIAMI LAKES FL 33014	
TITLE NAME	V DICKSTEIN, VICTOR	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	5854 MIAMI LAKES DR E MIAMI LAKES FL 33014	
TITLE NAME	S DICKSTEIN, ROSA	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	5854 MIAMI LAKES DR E MIAMI LAKES FL 33014	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	5870 MIAMI LAKES DRE MIAMI LAKES FL 33014	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	5870 MIAMI LAKES DR E MIAMI LAKES FL 33014	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)